

**DENTISTRY EXAMINING BOARD
FOREIGN TRAINED DENTIST SUBCOMMITTEE MINUTES
MARCH 1, 2006**

****DUE TO INACCURACIES IN THE SUMMARY CONTAINED IN THE MINUTES OF THIS MEETING, A TRANSCRIPT IS ATTACHED.**

PRESENT: Bruce Barrette, DDS; Keith Clemence, DDS; Wilber Gill, DDS

STAFF: Tom Ryan, Bureau Director; Dennis Schuh, Board Legal Counsel; PJ Monson, Bureau Assistant

GUESTS: Mara Brooks and Eva Dahl, Wisconsin Dental Association; Blane Christman, DDS; Stanley Brysh, DDS

CALL TO ORDER

Chair Bruce Barrette called the subcommittee to order at 7:37 a.m.

APPROVAL OF AGENDA

MOTION: Dr. Clemence moved, seconded by Dr. Gill, to approve the agenda with additions. Motion carried unanimously.

APPROVAL OF JANUARY 11, 2006 MINUTES

MOTION: Dr. Gill moved, seconded by Dr. Clemence, to approve the January 11, 2006 minutes. Motion carried unanimously.

ALTERNATIVE EVALUATION PROGRAMS

Dr. Barrette introduced Dr. Stan Brysh who was asked to make a presentation to the Subcommittee.

Dr. Brysh who is the director of the residency program at Meriter's Max Pohle Dental Clinic in Madison reported that he has had 31 years in graduate level residency programs and he has also served as a consultant for the U.S. Commission on Dental Accreditation (CODA). Dr. Barrette explained that the DEB was made aware of Dr. Brysh's experience after reading a letter he had written on the issue of licensing foreign trained dentists to the Governor's Task Force on Oral Health.

Dr. Brysh reported that the letter was generated after listening to comments made in the Task Force's investigation into alternative licensure. As a director of a residency program, he finds the concept of accepting students without a United States DDS or DMD extremely problematic. He said there is no reliable way of knowing the quality or quantity of education of the students. Dr. Brysh said that directors simply can't allow the

program to be used as a remedial educational setting and there is no way to tell at the forefront how much an applicant might be lacking in education and training because there is no minimum standard of education required by foreign dental schools like there is in the U.S. He said that taking foreign students into his program at Meriter would be extremely difficult because he has such a high Medicaid population and the first responsibility is to “do no harm” to the patient in the chair and so there needs to be a certain level of security that the residents will be competent and proficient prior to entering the program. Brysh also stated that it isn’t fair to the other residents if they are expected to “pick up the slack” of the underperforming foreign students. He said that there is a “standard” requirement that a residency program accept applicants deemed to have enough education and training to make it through the program and he said other than having graduated from a CODA-accredited program resulting in a DDS or DMD, there is no way to be certain the student has met a certain level of education.

Dr. Barrette asked Dr. Brysh to explain what he viewed as being the difference between a DDS or DMD dental school education and that of the graduate program. Brysh responded by stating that the graduate level program has more autonomy and less supervision than the dental school program has. He said the dental school process is more deliberative.

Brysh said that while there are residency programs that can and do accept foreign trained dentists, there are none (to his knowledge) that have any structured way of measuring the quality of the candidates at the entry level of the process. He said there have been good foreign trained dentists but the problem is the inability to be able to clearly identify which ones they are at the outset of the process. He said it tends to be his experience that some of the foreign trained dentists are strong didactically but have a very poor clinical skill which is why accepting the wrong candidate can really cause a lot of problems for a residency program where you expect residents to already have a basic proficiency level with their clinical skills.

Dr. Barrette asked Brysh how most states treat the issue of licensure of foreign trained dentists and Dr. Brysh indicated that he believes 47 states do as Wisconsin does which is to require a DDS or DMD degree for licensure.

Dr. Clemence asked a question by stating that there are probably residency programs that don’t put residents through the entire range of services due to the limited services that might be performed under the Medicaid program – he specifically mentioned some of the more aesthetic procedures (the examples that followed were: implants, aesthetic dentistry and crown and bridge). Clemence asked Brysh whether it was possible that a foreign trained dentist could come to the US and go through a residency program and be proficient in some of the dental services but come out of the program without having done the full range of dental procedures that they might be allowed to do under a dental license. Brysh clarified that the endowment Meriter has allows him to upgrade patient services so that they are allowed to train their students on a much broader range and higher quality of services than what Medicaid pays for. Dr. Clemence said that perhaps in some programs, though, the state could mistakenly issue licenses to some individuals

who were not minimally competent at least in some of the procedures of a dental practice which could also be problematic. Brysh said that was a potential concern for some programs out there.

Dr. Clemence then asked Brysh if he thought he could even make some generalizations as to what countries have good dental educational programs and what countries tend not to. Brysh said there is a wide variability --- he said he was on a mission program and was working with two different individuals who had already graduated from the same dental school in Kazakhstan and he said that despite the fact that they were both graduates from the same exact dental school, one was very competent and one was not at all competent -- - why was there such a variance? He has no idea which is why accepting students from these programs in other countries can be so problematic.

Dr. Gill asked if there was any way that Brysh thought they could evaluate or judge which countries or programs are out there that will be able to produce quality candidates. Brysh said he views that as the role that CODA plays. He said CODA is the best body to do that and that they are looking into the process of international accreditation where a site visit is required and there is a lot more involved than just looking at written documentation presented on a piece of paper. He reiterated that he believes CODA is the only body that is able and capable of doing that.

Dr. Brysh wanted to make sure the Subcommittee was aware that he is not against licensure of foreign trained dentists but that he believes there needs to be some level of security that each individual candidate is qualified and that right now there is not a process to adequately assess the qualities of individual candidates from foreign schools.

BOARD RECOMMENDATIONS

MOTION: Dr. Barrette moved, seconded by Dr. Gill, to recommend to the Board to open a scope statement requiring foreign trained graduates seeking licensure in Wisconsin to attend an accredited dental school in the United States or Canada for a minimum of 2 years and graduate with a doctor of dental surgery or a doctor of dental medicine degree, or attend an accredited dental school in a country other than United States or Canada and graduate with a degree from that school. Motion carried unanimously.

MOTION: Dr. Clemence moved, seconded by Dr. Gill to recommend to the Board adopt an emergency rule requiring foreign trained graduates seeking licensure in Wisconsin to attend an accredited dental school in the United States or Canada for a minimum of 2 years and graduate with a doctor of dental surgery or a doctor of dental medicine degree, or attend an accredited dental school in a country other than United States or Canada and graduate with a degree from that school. Motion carried unanimously.

ADJOURNMENT

MOTION: Dr. Barrette moved, seconded by Dr. Clemence, to adjourn the meeting at 8:16 a.m. Motion carried unanimously.

TRANSCRIPT OF DENTISTRY EXAMINING BOARD - 3/1/06
Foreign Trained Dentist Subcommittee

Barrette: Okay. Let's bring to order the Wisconsin Dentistry Examining Board subcommittee on foreign trained dentists. Roll call.

Monson: Bruce Barrette?

Barrette: Here.

Monson: Wilber Gill?

Gill: Here.

Monson: Keith Clemence?

Clemence: Here.

Barrette: Item A. I'll have a motion to approve the agenda. Motion to approve.

Gill: I'll second it.

Barrette: All in favor signify by saying Aye.

Clemence: Aye.

Gill: Aye.

Barrette: Item B approval of the minutes from January 11, 2006. Why - do either one of you know why there was a second page?

He's got December - on the second page he's got December circled. Is that - is that what's wrong with that one?

Monson: Yeah. I don't know why that is.

Barrette: This is the first page. This is the second. To me it looks like it's all the same except for that.

Schuh: That should be January.

Barrette: Yeah but that's on here.

Monson: The same thing.

Barrette: Yeah. I mean why, why were they both on?

Monson: They shouldn't have had that.

Barrette: I mean we're not -

Schuh: No.

Barrette: We're not voting on _____ we're just voting on the first page.

Monson: Just the first page. First page titled January.

Barrette: I'll entertain a motion to approve the minutes.

Gill: I move that we approve the minutes since January 11th ____.

Clemence: I second it.

Barrette: All in favor signify by saying Aye.

Clemence: Aye.

Gill: Aye.

Barrette: Let's go to the item B or the next item - alternative evaluation programs. Stan Brysh is here to talk a little bit about them with us. Dr. Brysh is in a very unique situation and he's got over 20 years of experience with graduates, 21 years, and he's the director of the graduate program at Meriter Clinic here in Madison. Also he has extensive experience and has been a consultant for C.O.D.A. Council on Dental Accreditation graduate programs and I think completed your term?

Brysh: Yeah, I'll have to step out for a year.

Barrette: Great. So we noticed in your letter that you wrote to the task force and we asked you here to talk a little bit about your experience so go ahead and take the floor and answer questions.

Brysh: Like I said I'll start with the letter you're interested in that was generated by some of the comments made in the investigation into alternative that's because of the experience that I have with _____. I've trained briefly for 2-3 years foreign trained dentists who did not have U.S. or Canadian degree and found it to be extremely problematic/huge problem - In one, I see in looking, knowing the quality or the quantity of the education _____ it's all very well meaning people but we

have some very trying circumstances as a result of their review of these, no question on that.

On a practical level _____ like most graduate general dental education programs we're a very significant Medicaid - 85% patients or more 15% - I have to have productive residents they have to be minimally competent.

It becomes an issue for me about quality of care like any other business to the patient in the chair so I have to make sure that my residents are able to give quality treatment. And also it's not fair to the other residents. They're not really there to educate. Those are sort of the things that generated the letter today.

I see the same sort of problems this particular proposal although it's certainly on a different level _____ directly resulting school based _____ possible based _____ a significant difficulty if this is _____ to 1.1 which clearly states that the program, the person in charge of admissions program must select applicants that are deemed to have received high enough education to be able to get through the program with minimal standards. Again there's nobody that's been able to say standards also as accredited institutions I don't have a way of knowing what they do. That's my background.

I can answer questions.

Barrette: Is the process, you know between a dental school and a graduate program, is there differences between the way education, I mean, the way the program are run?

Barrette: It seems to me a dental school is a more deliberative process.

Brysh: Quite so. Dental school is definitely more deliberative as you say. There is much more intense supervision although there's definitely supervision in post-doctorate programs. Again if they are not designed to be 5th year dental school so they're designed to be _____ will have much more autonomy than they have _____ so it is a slower process and it takes longer for dental students to achieve a certain level of the competency it does for graduate students to proceed to the next level.

Brysh: It impacts on patient care, takes longer, it's less effective education process is designed for want of a better term undergraduates here to have a lot more meaningful Resident education I've always felt is sort of like a halfway house between dental school and the real world of private practice. They're there to diagnose and treat their own patients, supervision is available but it's not clearly as stringent as it is in dental

school and they're expected to grow as they go through a year with us so they eventually, usually halfway through the year, reach the point where they are fairly independent, at that stage. And don't need us certainly as much.

Gill: Tell me if one of these Residency programs or number of them decides they are going to take a plier on a foreign trained dentist, can they accommodate the occasional one that comes from some school that has _____ as far as education or comes to facilitate their communication and case abilities with patients, is it possible to put some of these residency programs to then evaluate that individual for basically their capabilities?

Brysh: The answer to the first part of your question, yes, there are programs that can and do. None of them to my knowledge have any sort of assessment process coming in. Residents of course are evaluated as the year goes on and required by standards sessions so that happens as an ongoing thing.

Initially in, just like you say.

You could then, and there are certainly foreign trained dentists that turn out to be very good residents. The problem is whether or not you know best that you have is, I'll give you an anecdote from a group last year and I've seen nothing like this in other programs. They have had foreign trained dentists in the past and have had really good experiences. This year unfortunately is not one of them. One of their residents came to them from India. Extremely well trained _____ transcripts, all of that stuff was number 1, but had literally no clinical experience. The way that it worked in that particular region the dentist got their degree and then go out basically be an apprentice to get experiences and that's where they would learn to treat patients. They were teaching this young man _____ literally never done a procedure on any patient. Clearly causing them a great deal of frustration in trying to figure out how they're going to take care of this and make sure their patients get good care. Make sure they can pay attention to the residents. Again that's a significant problem.

Schuh: Isn't that just a problem for the program? The issue for this - for the Board is when they're done, if you graduate them, if you cast them off, they're done with your program. They've made it through all of them. Are they minimally competent to practice dentistry in the State of Wisconsin if they then pass the national boards and they pass a ADEX or a regional test?

Brysh: Would a graduate of my program -

Schuh: Right.

Brysh: Be competent to practice in the state of Wisconsin, is that your question?

Schuh: Right. Yes.

Brysh: A graduate of my program would be

Schuh: And those programs that take foreign degreed non-Canadian, non-American, say you've worked through all the problems you've described within the program, and they at the end of it - the ADA guidelines say this person is now a graduate, has complete - tested and completed our program. Isn't the expectation that they will be minimally competent to practice dentistry in the United States?

Brysh: If -

Schuh: If they then pass the national boards and pass the regional clinical test.

Brysh: I would say quite frankly if the program director is - honest is probably not the correct term but the only one I can think of honest is _____

Barrette: How do we know that?

Brysh: How do we as a board know that?

Brysh: Well that's my point - you don't. I personally this program - I would never grant a certificate to a resident that I felt was not competent to practice dentistry. I've seen it happen _____

Barrette: Are you aware of any other states that do this?

Brysh: That do?

Barrette: That allow graduate programs to be a substitute for a DDS/DMD degree?

Brysh: In - well in the licensure process New York State certainly does that. There are programs of this type two-year certificate programs in - New York currently, one in Chicago, you might see another one in Florida where they will take residents and train them for two years.

Barrette: But they're not accredited.

Brysh: No they're not accredited, they're proposing it, but currently no. Then they would grant them certificates and I believe it's with the stipulation

they have to practice in the state and see a certain percentage of underserved. It's kind of limited license as I understand it.

Barrette: What do the other 47 states do?

Brysh: They've run it - currently it's run here in Wisconsin _____ though they have an accredited school in order to qualify as a _____.

Clemence: You mention that you don't really have time evaluate

Clemence: If a foreign graduate came to you and was deficient in one particular area. You also mention that you that you work primarily Title 19 population. I was assuming there are procedures that you don't do. When you're done with your program do you say that you've addressed all areas or can they get through your program and still have areas that are not _____. For instance, let's say somebody doesn't know how to do _____. On your population probably get through your program and still really never have learned to do that part of dentistry. Is there parts of dentistry that, you know, when they come out of your program that they still are deficient?

Brysh: I'd say this, it's a possibility in some programs. It's not a very strong one in ours and that's only because I've got kind of a unique situation that - I have an endowment so I've got deep pockets.

to get residents educational and clinical experiences that otherwise would not get treatment cosmetic.

I've got money that I can dip into to offset the costs so that the patient can get a good service the resident can get clinical experience so I'm able to make up for those kinds of deficiencies in the education process _____ but at some point _____ program _____

Clemence: Opportunity to somebody will go through their program and still not know how to, you know, be competent, minimally competent in those areas.

Brysh: We wrestle with it often in the accreditation process - _____ cycles it's also _____ we get to see a lot of _____ and that's - it's a significant challenge as we see in these programs _____. It's a challenge.

Clemence: So from our standpoint when you're licensing someone and that if you were to go that route to allow CODA to substitute _____ licensing someone that really wasn't very competent in some phases of dentistry.

Brysh: It's a possibility _____.

Gill: I would assume that that would be comparable to yours. I'm sure that you're not doing a tremendous amount of precision attachment dentistry, or implants or crown and bridge, that type of thing on the patient population so if you came in and were deficient in those phases of dentistry, are there other phases of dentistry that could also be left out?

Brysh: I think the significant ones are the ones that you mentioned _____ implants, crown and bridge almost all programs offer a tremendous amount of clinical cosmetic dentistry experience in surgical services whether it be prosthetics, standard operative procedures. That type of thing.

Barrette: But endo

Brysh: But endoscopies (?) not too much of a problem. It's not with us enough that I see programs. It's mostly the more high end dental procedures. The ones where the patient population doesn't have _____.

Barr: Would you think that there's a certain amount of variability of programs within your experience?

Brysh: Oh yeah, yeah. Some states dedicate regulations through _____ others that all factors into it as well. There is a geographical difference, no question.

Barrette: Anyone else?

Clemence: My understanding, they can get two people from the same country, the same area, be vastly different in their roles depending on the school. _____ generalization of the program in this area is pretty good because it _____ yet another one

Brysh: Not in my residency program but I've found it on the humanitarian aide mission that I went on a few years ago in Kazakhstan where your local units teaching process - they all been to the same school and again as you say _____ the two of them passing. One was frankly I thought was good enough to be one of my students the other was significantly _____ how and why that came about I don't know but yeah it does happen.

Gill: To a great extent because the institution that they went to for education was very tolerant of what was expected I would assume _____

whereas in your program you're going to see to it when somebody comes through the program is capable of _____ otherwise they won't get the certificate.

Brysh: Yes, I have not granted certificates in the past and will continue to do so if that were the case. I think that that really is also kind of a selfish viewpoint. We get about 8 or 9 applicants for a position in order for me to keep the program at that level and continue to attract good candidates we need to make sure that we graduate good, solid?

Gill: There is no way you as an evaluator if somebody came in there's no way that we as a board could find somebody who would be able to ascertain what institution in what country measures the capabilities of their students consistently to coincide with what we would have coming out of our DMD or DDS program - there's no way that we could find somebody or do something to find out which institutions consistently see to it that there students are _____

Barrette: That would be the role of the international accreditation?

Brysh: Yeah, the only body that I'm aware of that I'm aware of is the Commission on Foreign Accreditation and I've addressed that too in the letter I've gone on-site visits and they are very meticulous - an expensive process and the only body that I'm aware of that has the wherewithal to do that. There certainly is in my mind a way that you could look at written documentation.

References have to have a site visit, you have to physically examine the program, you have to determine that they are going to be doing what they say they're doing. You've got to talk to residents and students that are there.

Brysh: You say that's _____

Gill: If we were looking at the student foreign trained dentist who came in from an institution and CODA had gone through and done site visit and if we have an international accreditation program then you would feel comfortable taking those students into your residency program?

Brysh: I'd certainly feel quite comfortable in evaluating them the same way that I do all of my other applicants and accepting that information from that accrediting body in making that decision. If I felt that all pieces combined they measured up to what we were after. I would be quite comfortable.

Gill: It would probably be a prudent directive to go for the state of Wisconsin would adopt a program where we would support the program that goes

through and does the site evaluation and accredits these foreign trained dentists that would be the appropriate route to bring foreign trained dentists into the state.

Brysh: Yes, I think so. I side with the task force that was followed up in WDA's letter a lady who is here in Wisconsin as a foreign trained dentist wrote an editorial reply taking exception to the fact that I was against foreign trained dentists. I'm most certainly not - I just feel that if I can get somebody that is qualified then that's who I want to have. I've had foreign trained dentists in my residency programs both in Ohio and here who have come into the states, none the last two years, who have gotten their degree and I can confidently state they are exactly the same as all of my U.S. born residents. It's not really a matter of them being from another country, it's just the matter again of my not being able to adequately assess all of their education.

Barrette: We want to thank you Stan for taking the time out of your schedule to come and talk with us.

Brysh: Thank you.

Barrette: Let's go to board recommendations. We've been, you know, we've been working on this now for over a year and I think we're done looking at all the alternatives and all of the different options that we have and we're at a point where we can make some recommendations to the board for, you know, we originally started off with recommending the DDS DMD and then as we had more information coming in from national accreditation of boards going on record with international accreditation so what I would propose is that we recommend to the board that we open a scope statement and require DDS, DMD or international accreditation.

Gill: And probably so that the foreign trained dentists aren't confused here, there and everywhere, recommend that they either get a two years or whatever evaluation program from an accredited institution so that they get a DDS or DMD or coming from an accredited program with its review accredited by CODA

Barrette: That's what we're talking about.

Gill: and so that part of the rule or part of the recommendation indicates that there are two ways of getting it so that they're not confused that they can somehow or other get into some kind of other program _____. There are two alternatives, one is to go DDS, DMD or an accredited, an international accredited school program.

Barrette: Accredited _____ CODA.

Gill: So that's definite so that, you know, the alternatives are there and that's not ambiguous, it's not that there might be some others or there might be a different way that it can be approved or something.

Barrette: Well we have the language from the statute but I think the first step is to open the scope statement and begin the rulemaking process and that is the first thing. The language will come but the first thing that the board has to do is open scope statement and start the process.

Gill: I'll make a motion that we _____

Clemence: I'll second it.

Barrette: All in favor signify by saying Aye.

Gill: Aye.

Clemence: Aye.

Barrette: Opposed?

Monson: Excuse me - can I read it back?

Barrette: Go ahead.

Monson: I have to recommend to the board to open a scope statement regarding a DDS, MD from an accredited school or international accreditation.

Barrette: Say it one more time.

Monson: To recommend to the board to open a scope statement regarding a DDS, MD degree from an accredited school or international accreditation.

Barrette: It would be for foreign trained though. _____
particular it's for foreign trained.

Monson: Okay - for foreign trained.

Clemence: Did you say DMD?

Barrette: DMD.

Clemence: DMD not MD.

Monson: I did say MD for foreign trained.

Tom Ryan: Graduates - it's foreign trained graduates right?

Monson: Okay. To recommend to the board to open a scope statement regarding a DDS, DMD degree from an accredited school or international accreditation for foreign trained graduates.

Tom Ryan: I got a - if I could just ask a question on that if you're going to allow discussion. I want -

Barrette: No, I'm not allowing discussion from staff. I mean, do you have something that's pertinent to the motion or not?

Tom Ryan: I got some questions that I need to ask from the department's perspective for applicants who - if we receive applications now from someone who has not fulfilled those requirements that are contemplated by the scope statement, what do we do with those applications? Because where I see this going is a rule being written to make that a requirement but while the rule is pending there's nothing legally -

Clemence: Let's get that later - let's finish this one and move on towards that.

Barrette: I think we're done though because we _____

Clemence: Are we happy with the wording of that?

Barrette: Let's hear your wording one more time?

Monson: To recommend to the board to open a scope statement requiring a DDS, DMD degree from an accredited school or international accreditation for foreign trained graduates.

Clemence: Seeking licensure in Wisconsin _____.

Barrette: Require seeking licensure in Wisconsin. _____

Monson: Seeking licensure in Wisconsin.

Strand: Okay. If we're done with that -

Barrette: Do you have the language on the - do you have the language on the senate bill?

Schuh: I didn't bring it. It's in the other room.

Monson: This one?

Barrette: Yes. Let's compare that to this.

Clemence: This is going to be a time, I mean it's going to take a while _____ we have the issue of what goes on in the meantime so wouldn't this be time to discuss the possibility of an emergency rule _____

Barrette: I think that that's what he's referring to that we fill in the void while we're making the _____

Clemence: We need something to fill in that void. This is going to take a while _____

Tom Ryan: There's still the matter of the effective date though. And for applications that have been received. The date -

Barrette: We start emergency rule it should take you about a week or two to get that going - to get that in effect.

Tom Ryan: But the effective date wouldn't be retroactive to applications we've already received.

Clemence: No, but it would at least address those that come in from now until

Barrette: From now forward

Tom Ryan: I don't know that you can

Clemence: From the time that the emergency rule would take effect forward until the time this rule gets through. So it would address those _____

Barrette: Do you have a motion?

Clemence: Yeah, I _____ exactly how to word it.

Clemence: Recommend to the board - We recognize to the board to consider an emergency - to enact - adopt an emergency rule to require the same wording whatever we decide upon for licensure.

Gill: Second.

(inaudible)

Barrette: Any discussion?

Gill: from the standpoint to considering -

Barrette: So the rule -

Gill: They have a number of applicants _____ I think it's - decide to making the rule _____ - I think it's very important that it be expedited and done as quickly as it can.

Barrette: Good. So the emergency rule goes in effect - then it affects the people that apply on.

Tom Ryan: So for all those who have applied to date we issue the license?

Barrette: No, they're in the same position that these people that we're - this order

Tom Ryan: Let's bring Mr. Schuh up to speed here. They've just made a motion to begin emergency rulemaking to adopt an emergency rule that would require DDS, DMD degree from an accredited school or international accreditation for foreign trained dentists seeking licensure in Wisconsin and want that rule to be effective as soon as possible and I think the soonest that would be is when the rule takes effect.

Schuh: What do you mean when the rule takes effect?

Tom Ryan: When the rule can be - when the effective date is issued on the emergency rule. Okay. But my question is what about application that we've already received and receive up until the effective date assuming this goes into effect?

Barrette: They would be in the same situation as the ones that we - that we've received.

Clemence: We still have to deal with those. _____

Barrette: This is from the date of the emergency rule because we want to have something to fill in the void while we're making the rulemaking process and not leave these people in limbo because essentially they're in limbo right now.

Gill: _____ it could be a year before we can get a rule passed. Something has to be done in the meantime. It's best to do it with an emergency rule -

Barrette: This is what the language says - accredited dental school in the United States or Canada or a minimum of two years and graduate with a DDS doctor of dental surgery or doctor of dental medicine and attend an

accredited dental school in a country other than the United States or Canada and graduate with a degree from that school.

Clemence: That's the international accreditation.

Schuh: Maybe we should use that language.

Barrette: That language. In both

Barrette: All right - in both motions.

Barrette: Any other discussion on the emergency rule? There are none. All in favor signify by saying Aye.

Aye, Aye

Opposed?

Any other recommendations _____?

Barrette: I move to adjournment.

Barrette: I would put "or" between there, you know, put "or".

Tom Ryan: Dennis, can you advise them on the emergency rulemaking process at all?

Barrette: Well, the committee's already, you know, made the decision. Go ahead.

Schuh: The first issue is whether there's truly an emergency and we'd have to establish that there's a need to protect the public's health that isn't being met under the current circumstances.

Gill: Well, I think we just have an awful lot of input _____ absolutely essential and that comes from your bureau director it's something that has to be done.

Barrette: That needs to be done.

Gill: Is your questioning what the importance _____ up with it might be valid but I think if we have a lot of people -

Schuh: We need to convince the Legislature - you don't need to convince me. That 's the point.

Gill: If the department facilitates expeditious treatment of this Legislature then we'll have to go and make a representation to the Legislature and see if we can't convince them _____.

Barrette: Okay, we're adjourned.

Monson: I only had a motion to adjourn. Can I have a second?

Barrette: All in favor signify by saying Aye.

Clemence: Aye.

Gill: Aye.

Monson: Thank you.